



# United States Liability Insurance Group

## Liquor Liability

### WARRANTY APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- NEW  RENEWAL If a renewal, provide the expiring policy number: \_\_\_\_\_
1. Name of Applicant (show all names including legal & dba's): \_\_\_\_\_
  2. Mailing Address: \_\_\_\_\_
  3. Phone Number: (\_\_\_\_) \_\_\_\_\_ Inspection contact name: \_\_\_\_\_
  4. Name/Title of person who keeps books: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_
  5. Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
  6. The applicant is:  Individual  Partnership  Corporation  Other (describe) \_\_\_\_\_
  7. Number of locations to be insured: \_\_\_\_ (complete 1 application per location)
  8. Total square footage of location to be insured: \_\_\_\_\_
  9. Location Address: \_\_\_\_\_
  10. a) How long has current owner been operating this business at this location? \_\_\_\_\_ \*  
 \* If 5 years or less, describe experience: \_\_\_\_\_
  - b) Has applicant ever operated this location under a different name or DBA (other than above)?  Yes\*  No  
 \* If yes, provide name or DBA used: \_\_\_\_\_
  11. **TYPE OF BUSINESS (check all that apply):**  
 Bar/Tavern  Private/Fraternal Club  Exotic Dancing/Strip Club  Off-Premises Caterer  
 Nightclub  Country Club  Casino  
 Restaurant  Bowling Alley  Catering/Banquet Hall  
 Convenience/Retail Store  Pool/Billiard Hall  
 Concessionaire (Describe venue: \_\_\_\_\_)  
 OTHER (describe): \_\_\_\_\_

#### ESTIMATED RECEIPTS

12. a.) Gross Annual Receipts	Past 12 Months	Next 12 Months
FOOD	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____
OTHER (Describe): _____	\$ _____	\$ _____

b.) If applicant has more than one operation or sells alcoholic beverages for on & off premise consumption at same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other _____
FOOD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER (Describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

c.) Does applicant ever sell or serve alcohol away from the premise (location shown in #9 above)?  Yes \*  No

\*If off-premise coverage is desired, attach a completed off-premise supplemental application, form LLA-OPS to this submission.

13. Does applicant have a valid liquor license?  Yes  No
- a) Name on the license: \_\_\_\_\_ License #: \_\_\_\_\_
  - b) License Type (Class D licenses prohibited in Utah): \_\_\_\_\_

14. Has the applicant or any owner, officer or partner filed **bankruptcy** in the last 5 years?  Yes  No
15. Are **employees or other persons serving alcohol permitted to consume alcohol** during their hours of employment or service? (If yes, not eligible)  Yes  No
16. Is establishment located within 5 miles of a **college or university**?  Yes  No
17. What is the average **age of patrons**?  Under 21  21-25  26-30  31+
18. Does or will applicant ever offer (include special events such as New Years Eve parties, etc.):
- a. Beer for less than \$1.00  Yes  No
  - b. Liquor or wine for less than \$1.50  Yes  No
  - c. Multiple drink incentives (i.e.: 2 for 1's, every 3rd drink is free, etc.)  Yes\*  No
  - d. Drink servings larger than 24 ounces  Yes\*  No
  - e. Drink specials before 4 p.m. or after 9 p.m.  Yes\*  No
  - f. Complimentary drinks  Yes\*  No
  - g. "All you can drink" specials or other offers involving unlimited alcoholic beverages?  Yes\*  No
- \* If yes, describe type of drink(s), size (oz), cost and time(s) offered: \_\_\_\_\_
19. Does applicant permit **"BYOB"** (bring your own bottle) or **setups**?  Yes\*  No
- \* If yes, explain: \_\_\_\_\_
20. If alcohol sales equal or exceed food receipts:
- a. Are patrons **under the legal drinking age** permitted on the premise?  Yes  No
  - b. Are patrons **under the legal drinking age** permitted on the premise after 10 p.m.?  Yes  No\*
- \* If no, how is this enforced?: \_\_\_\_\_
21. Are **bouncers or doorpersons** ever employed?  Yes  No  
(if yes, this risk must be quoted with Category I rates)
22. Are **guns** permitted or kept on premises?  Yes  No
23. Does applicant feature any **ENTERTAINMENT**?  Yes  No
- If yes: ▶ How Often?  0-12 times per year  1-2 times per week  Banquets only  
 13-51 times per year  3+ times per week
- ▶ Entertainment (check all that apply):
- DJ  Karaoke  Solo Vocalist
  - Band  Comedy Club  Adult Entertainment/Exotic Dancing
  - Jukebox  Country/Line Dancing
  - Other (describe): \_\_\_\_\_
  - Shows or Contests (Describe): \_\_\_\_\_
- ▶ Is dancing permitted?  Yes  No
24. Is this a seasonal operation?  Yes  No If yes, what is the season?: \_\_\_\_\_ to \_\_\_\_\_
25. Are facilities available for **banquets, receptions or private affairs**?  Yes  No
- a. If yes, how many per year?  0-12  13-52  53-99  100+
  - b. Does applicant serve alcohol at all events?  Yes  No\*
- \* If no, will lessee be required to carry liquor liability insurance at equal or greater limits?  Yes  No
26. Are all alcohol-servers certified in a **Formal Alcohol Training Course**?  Yes\*  No
- \* If yes, provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc): \_\_\_\_\_
27. Hours of operation: Mon-Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_
- If open past 2 a.m., is a special license required to stay open late?  Yes  No

**28. Violations:**

- a. Within the past 5 years, has applicant been **fined or cited** for violations of law or ordinance related to illegal activities or the sale of alcohol?  Yes  No
- b. If yes, provide the following information on each fine or citation:
  - a) Date(s): \_\_\_\_\_
  - b) Description(s): \_\_\_\_\_
  - c) Fines and/or penalties assessed: \_\_\_\_\_
  - d) Measures in place to prevent future violations: \_\_\_\_\_

**29. Claims:**

- a. Within the past 5 years, has the applicant had any reported **liquor liability and/or assault and battery claims** or notification of potential liquor liability and/or assault and battery claims?  Yes  No
- b. If yes, provide the following information on each claim:
  - a) Date(s): \_\_\_\_\_
  - b) Description(s): \_\_\_\_\_
  - c) Total Incurred Losses (reserves and payments): \_\_\_\_\_
  - d) Status: \_\_\_\_\_
  - e) Measures in place to prevent future incidents: \_\_\_\_\_

30. Within the past 5 years, has applicant's liquor coverage been **cancelled or nonrenewed**?  Yes  No  
If yes, explain: \_\_\_\_\_

31. Previous Liquor Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Premium: \_\_\_\_\_  
Policy term: \_\_\_\_\_ to \_\_\_\_\_

32. Limits Desired: Each Common Cause Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

33. General Liability Limits: \_\_\_\_\_

34. Is an **ADDITIONAL INSURED** needed?  Yes  No  
If yes, Name is: \_\_\_\_\_  
Address is: \_\_\_\_\_  
Describe Insurable Interest: \_\_\_\_\_

**FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY

**WARRANTIES:** I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agree to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

Signature of Applicant\* \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Must be Owner, Officer or Partner) (Required) (Required)

*\*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.*

**The State of New York requires that we have the name and address of your (insured's) authorized agent or broker.**

Name of Authorized Agent or Broker: Ferneding Insurance  
Address: 5540 Far Hills Avenue Dayton OH 45429-2227  
Mail completed application through local agent or broker to: Ferneding Insurance